



Lottery Application

Only one lottery application per person will be accepted. "Person," as defined in ARM 42.12.401, means any individual, firm, partnership, limited liability company, corporation or association. Incomplete applications will be disqualified.

Sec	tion 1 – Lottery Ty	ype Information	on						
Quota Area Anaconda/Deer Lodge						Tracking Number LAB1			
Lott	ery Type						F	For DOR Office Use	
	X CITY BEER IN	THE CITY OF	Anaconda						
Sec	tion 2 – Ownershi	ip Informatior	1						
Lega	al Applicant/Entity (not	the business nam	ne)						
Con	tact	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Email _				
Maili	ing Address								
4 :	. T	Address			Ci	ty	State	Zip	
	ty Type (choose one)								
	Corporation	Partnership	□ LLC		Other				
	Sole Proprietor	Name				Social Security Nu	mber	Date of Birth	
Sec	ction 3 – Corporate							2000 01 2.11.11	
	•		olders membe	ers ar	nd/or nai	tners below Use	an addi	tional sheet of paper if	
	essary. Please note tha						ar ada	acrial crices of paper in	
1	Shareholder, Member	or Partner Name					SSN		
	Address								
	Date of Birth Actual Number of Shares and % of Ownership								
2	Shareholder, Member	or Partner Name	<u> </u>				SSN		
	Address								
	Date of Birth Actual Number of Shares and %						ehin		
3	Shareholder, Member or Partner Name						SSN		
	Address								
	Date of Birth	s and % of Owner	ship						
4	Shareholder, Member or Partner Name					SSN			
	Address								
	Date of Birth	Actual Nun	of Shares	res and % of Ownership					

Section 3 – Corporate Statement continued.

Officers and Directors (Use additional sheet of paper if necessary.)

OIII	cers and Directors (USE additional Shee	t of paper if fiecessary.)				
1	Officer or Director Name	SSN (optional)				
	Address					
	Date of Birth (optional)	Title				
2	Officer or Director Name		SSN (optional)			
	Address					
	Date of Birth (optional)	Title				
3	Officer or Director Name		SSN (optional)			
	Address					
	Date of Birth (optional) Title					
4	Officer or Director Name		SSN (optional)			
	Address					
	Date of Birth (optional)	Title				
_						
Se	ction 4 – Floater Application Requ	lirements Only				
whi	ater" means an "all-alcoholic beverages lic ch it was originally issued." This type of lice nse which is issued as the result of a lottery	ense cannot be mortgaged or sold for five y				
Has	the applicant applied for a "Floater" All-Alc	coholic Beverages lottery within the previou	is 12 months?			
	\square Yes \square No (If yes, you do not	qualify for entry in this lottery.)				
Doe	es the applicant have ownership interest in	an All-Alcoholic Beverages license?				
	\square Yes \square No (If yes, you do not	qualify for entry in this lottery.)				
line	applicants must submit an irrevocable letter of credit. The letter must state that the fina -year period from the date of the lottery dra	ncial institution will not withdraw the line of	credit or cancel the letter for a			
	This irrevocable letter of credit is to confirm the purchase of a liquor license should the guarantees that it will not withdraw this line shall expire on [one year from date of lotte	by be the successful winner of the all-bever the of credit or cancel this letter. [Bank's] com	age floater license lottery. [Bank			
gua app	Department will not accept letters stating trantee that the bank will not withdraw the lilicant has the ability to pay \$100,000 withowocable letter of credit will will be disqualified	ne of credit or cancel the letter, nor will it a ut a guaranteed line of credit. Any applica	ccept letters stating that the			
	☐ Attached is an irrevocable letter of cred	lit from a financial institution guaranteeing	a \$100,000 line of credit.			

Section 5 - RESTAURANT BEER/WINE (RBW) ONLY

A "**Preference**" must be given to an applicant who does not yet have in any quota area a RBW or retail beer license and who operates a restaurant that is in the quota area in which the license has become available and that meets the definition of a restaurant for at least 12 months immediately prior to filing an application.

"Restaurant" means a public eating place where individually priced meals are prepared and served for on-premises consumption, where at least 65% of the restaurant's annual gross income from the operation must be from the sale of food and not from the sale of alcoholic beverages. The restaurant must have a dining room, a kitchen and the number and kinds of employees necessary for the preparation, cooking and serving of meals in order to satisfy the department that the space is intended for use as a full-service restaurant and that serves a dinner evening meal at least four days a week for at least two hours a day between the hours of 5 p.m. and 11 p.m. The term does not mean a fast-food restaurant that, excluding any carry-out business, serves a majority of its food and drink in throw-away containers not reused in the same restaurant.

Has your restaurant operated prior to the lottery application		efined above) and has it operaticly	ted at least 12	months imm	ediately
		name and physical address of	the premises I	below.)	
Business Name	Addre	ess	City	State	Zip
	•	urant" and has it operated at le lication in the quota area in wh		` .	normal
Section 6 – Declaration	and Affidavit				
appropriate fees within 30 da understand that information and supporting documents o and are the successful applic I declare under penalty of fal	ays (60 days for a "floot concerning ownership r I will be disqualified. cant, your subsequent se swearing that I am	nd that I must submit a completer") of being notified that I we on this application must be constructed a five example, if you complete a license application must also the applicant or the duly authorided, including any accompleted.	ras the succest consistent with this application to be as an ind norized repres	ssful applica the license on as an "in ividual. entative of t	nt. I further application dividual," he entity
Signature	Date	Printed Name	Title		
Signature	Date	Printed Name	Title		
Signature	Date	Printed Name	Title		
You must submit this lottery Montana Department o Liquor Control Division PO Box 1712		dline set in the publication no	tice by mailing	g to:	

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or fax 406-444-0722.

Helena, MT 59624-1712